UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR CONFLICT, DEMOCRACY AND HUMANITARIAN ASSISTANCE
OFFICE OF PRIVATE AND VOLUNTARY COOPERATION
USAID/DCHA/PVC

GUIDE FOR DETAILED IMPLEMENTATION PLANS (DIPS) FOR PVO CHILD SURVIVAL PROGRAMS

CHILD SURVIVAL GRANTS PROGRAM
Revised December 2001

The submission date for completed Detailed Implementation Plans is March 29th, 2002.

DCHA/PVC is grateful for the many contributions to this document from public health specialists consulted through the ORC/Macro International Child Survival Technical Support Project (CSTS), other USAID-funded contracts, offices of USAID, and PVOs.

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INTRODUCTION

The "Guide for Detailed Implementation Plans" and the companion "Technical Reference Materials", are designed to help PVOs develop Detailed Implementation Plans (DIP) for their DCHA/PVC-funded child survival programs. The DIP provides the overall approach and plan of action for the duration of the program, and is developed based on actual data collected from the local setting. The "Guide for Detailed Implementation Plans," (also called the DIP Guidelines), provides a suggested template for the content and organization of the DIP. The Technical Reference Materials (TRMs) describe the important elements of the child survival interventions and several cross cutting strategies supported through the Child Survival Grants Program. The TRMs also provide useful reference materials for each intervention and strategy. Both documents are intended to enhance the quality of programs by highlighting issues that should be considered when designing a child survival project.

These documents are updated on an annual basis and reissued every year. DCHA/PVC welcomes suggestions for improving these documents. Please submit suggestions for improvement (written or oral) during the DIP review meetings or at any time during the year. All feedback is greatly appreciated.

The information provided in a program's DIP should expand upon what was provided in the funded application. The application was a "proposed" program, whereas the DIP describes program implementation.

In the DIP, a PVO may change the selection of interventions and implementation strategies from what was proposed in the original Cooperative Agreement, with a clear justification for these changes. It is expected that the PVO's child survival program will be implemented according to the approved DIP. Any further changes (after the DIP has been approved) in the program description, such as the interventions, site, or beneficiaries must be approved by the PVO's headquarters, USAID/DCHA/PVC, and the USAID Agreements Officer.

The DIP Preparation and Review Process

The DIP preparation and review process is intended to enhance the quality of PVO child survival programs. Specifically, the process serves several purposes, including the following.
To:

- collect baseline quantitative and qualitative data to inform program strategies.
- create a shared vision among all program partners, and strengthen partner relationships.
- revise, if necessary, and refine program goals, objectives, and indicators.
- strategize on major interventions.
- plan critical project tasks and activities.
- clarify roles and responsibilities of implementing groups.
- prioritize activities for the life of the program (LOP).

Generally, the field office of the PVO and its local partners develop the DIP collaboratively at the field level. Many PVOs have found that conducting a "planning workshop" with the appropriate stakeholders greatly facilitates the "buy-in" of those groups into the goals and objectives of the program. The workshop is an opportunity to review the findings of baseline surveys and develop key sections of the DIP.

Many PVOs translate into the local language and distribute copies of the DIP (or key parts of the DIP) to all partners and staff members involved in project implementation – this facilitates the full participation of all staff in the program. The DIP serves as a "common road map" to guide the program towards achieving its goals and objectives.

The DIP Review Process

USAID will schedule a DIP Review Consultation with representatives of the PVO, DCHA/PVC and other technical experts to review the strengths and weaknesses of the DIP, and to make recommendations for improvements. These DIP review consultations are normally held in June, around the time of the Global Health Council meeting. Each DIP is discussed in full during a three-hour meeting. DCHA/PVC invites several types of participants to the meeting, including PVO staff, technical reviewers (from USAID, CSTS, CAs, consultants, PVOs, etc) and PVO peer reviewers. If there are specific people that the PVO would like to invite to review the DIP and/or to attend the DIP review meeting, please notify DCHA/PVC, in advance so the request can be accommodated.

The agenda follows the outline below:

- Introduction.
- Presentation by the PVO. The PVO presentation should report on what has occurred between the time the DIP was written/submitted and this DIP review meeting. *The presentation should NOT restate what is written in the DIP, since everyone present will have recently read the DIP*.
- Discussion of the DIP by section, including clarifications, comments and suggestions.
- Summary of issues and agreements for follow up activities and/or reporting.

The DCHA/PVC DIP review is not to make funding decisions about the PVO's program, as DIPs are required only for already funded programs. Rather, it is a unique opportunity to dialogue, share ideas and concerns about the project, as well as request specific assistance. DCHA/PVC encourages PVOs to be proactive in the meeting by asking for clarification and more information when necessary. Many PVOs meet with technical experts after the meeting itself, and have found it useful to schedule time the day after the DIP review meeting to meet with CSTS, and other technical reviewers.

After the meeting, each PVO will receive a cassette tape recording of the session and hard copies of the written comments. DCHA/PVC will send a letter to the PVO stating DIP approval status, summarizing the main points, if any, to be addressed by the PVO, as well as when additions/modifications should be resubmitted. Upon returning to the field, it is hoped that the results of the DIP review will be shared with the field staff and partners to provide feedback to those involved in the program and its planning process.

SUBMISSION INSTRUCTIONS

1. Please complete the DIP by following the outline provided in Sections I-III of these DIP Guidelines. Keep in mind the following points:

    - The DIP is a **stand-alone** document. It should describe the program without having to refer to the original CSGP Application.

- Limit annexes to those that are essential to understand the program. All annexes should be in English or accompanied with a translation.

    - Use a 12-point font that is clearly legible.

    - If a topic in the DIP Guidelines does not apply to the program, please indicate this in the DIP. If the program has not yet obtained sufficient information to fully describe an element, then please describe plans to obtain this information.

    - Include in the body of the DIP **other relevant aspects** of the program that may not be covered in the DIP Guidelines. Please include enough detail so that the intervention is clear. This will enable reviewers to provide meaningful feedback.

    - The DIP Guidelines attempt to consolidate **cross cutting issues**, but some redundancy is inevitable given the interrelated nature of the interventions. Other sections of the DIP may be referenced, instead of repeating the same information in several different sections.

2. On the DIP cover page please include the following: Name of PVO, program location (country and district), cooperative agreement number, program beginning and ending dates, date of DIP submission, and (on the cover or on the next page) the names and positions of all those involved in writing and editing the DIP.

3. Complete the CSGP Data Entry Form: The online Entry/Update form can be found at http://www.childsurvival.com (under projects.dipform). To access the data form, please call David Cantor at CSTS, (301) 572-0978 for a password. http://www.childsurvival.com/projects/dipform/login.cfm.

4. The project DIP is due at DCHA/PVC on or before March 29th, 2002. DCHA/PVC suggests that programs allow sufficient time for fieldwork, writing, and editing. Failure to submit a DIP on time to DCHA/PVC could result in a material failure, as described in 22 CFR 226.61. If there are circumstances beyond the PVO's control that have had an impact on the ability to complete the DIP on time, contact DCHA/PVC as soon as possible.

5. Send to DCHA/PVC the original and two (2) copies of each field program DIP, and one diskette of the DIP in Microsoft Word 97. The original hard copy of the DIP should be one-sided and unbound. The two hard copies of the DIP should be double-sided, and bound separately. DIP annexes that are available in hard copy and not on disk may be excluded from the version submitted on diskette.

    Attention: Nicole Barcikowski, Program Assistant
    USAID/DCHA/PVC – Child Survival Grants Program
    Room 7.6 – D
    Washington, DC 20523-7600

6. Send CSTS a one-sided unbound copy, and an electronic copy (by email or diskette). Please send complete records for each CATCH indicator to CSTS.

   Attention: Deborah Kumper, Administrative Assistant
   ORC MACRO – Child Survival Technical Support Project (CSTS)
   11785 Beltsville Drive
   Calverton, MD 20705
   dkumper@macroint.com

7. Send one copy of the DIP to the concerned USAID Mission.

8. In accordance with USAID AUTOMATED DIRECTIVES SYSTEM (ADS) 540.5.2, please submit one electronic copy of the DIP to the USAID/PPC/CDIE Development Experience Clearinghouse (DEC). Please include the Cooperative Agreement number on the electronic DIP submission. Electronic documents can be sent as email attachments to docsubmit@dec.cdie.org. For complete information on submitting documents to the DEC, see http://www.dec.org/submit/.

SECTION I: PROGRAM DESCRIPTION

A. Executive Summary

The Executive Summary from each DIP is used by DCHA/PVC as an informational document for decision-makers, Congress, public inquiries, the press, and others. Therefore, this section should contain the information that the PVO believes best represents its program. The executive summary is limited to two pages.

There is no prescribed format for the executive summary. However, it should briefly include **all** the following:

- *Program location.*
- *Problem statement.*
- *Estimated number of beneficiaries, broken down by children under five and women of reproductive age.*
- *Program goals, objectives and major strategies.*
- *A break down of the estimated level of effort devoted to each intervention using the list of interventions in Section I of the FY 2002 RFA* (e.g. immunization – 30%, control of diarrheal disease – 45%, and pneumonia case management – 25%. If IMCI is proposed, do NOT list as IMCI X%, rather break out the component interventions, and list as above, stating that IMCI will be used as a strategy).
- *Local partners involved in program implementation.*
- *The category of the original CSGP application (entry, new, cost extension, mentoring).*
- *The start and end dates.*
- *The level of funding.*
- *Name and position of the local USAID Mission representative with whom the program has been thoroughly discussed.*
- *Main authors of the document.*
- *Contact person at PVO headquarters for the program.*

B. CSGP Data Form

Please print out a copy of the completed on-line form and place it after the Executive Summary. See "Submission Instructions", #3 (on the previous pages) for details on how to complete the form on-line.

C. Description of DIP Preparation Process

Briefly describe the steps taken to prepare this DIP. Include a list of the staff, partners and various stakeholders who participated in planning, the methods used, the number of days spent on DIP preparation, and planned follow-up activities.

D. Program Site Analysis

This section of the DIP presents the opportunities and main constraints to child survival and maternal health in the program location, and based on the constraints, justifies the selection of interventions and major strategies for the program.

- Briefly describe the location of the proposed program. In an ATTACHMENT, include a legible map with scale showing the location of the program impact area(s) relative to other regions of the country, and the program area itself. To the extent possible, label towns, existing hospitals, health centers, clinics, and/or health posts.

- Estimate the total population, breaking out children under five years of age and women of reproductive age (15-49 years) living in the program site. Estimate the number of births to occur during the life of the project. Estimate the number of villages (or other community unit) in the target area. Please cite the sources of data.

- Discuss the current health status of the population including under-five and maternal mortality rates, nutritional status and major causes of mortality and morbidity. Please cite sources of data.

- Describe the major opportunities and constraints to maternal and child health, and how the interventions and strategies will address those constraints. This should include, but is not limited to the following:

    - Socio-economic characteristics of the population (such as economy – and the nature and location of family member's work, religion, gender equity, ethnic groups, literacy, or other) that have an impact on health status.

    - The current status of health care services in the site, including existing services (i.e. the PVO, other U.S. PVOs, the MOH, local NGOs, the private commercial sector, and traditional health providers), where people currently seek care, the current level of access, and barriers to access (e.g. cost for services, distance to facilities, and transportation) – particularly for groups considered disadvantaged, at high risk of death, under-served, or living in extreme poverty.

    - Behavioral characteristics of the target population with regard to health, including practices regarding the care of infants, and indicate which family members commonly take care of infants and children. These can be briefly discussed here and elaborated upon in later sections.

    - Any potential geographic, economic, political, educational, and cultural constraints to child survival activities which are unique to this location.

    - For countries in transition, or in a post-conflict phase, please include a discussion of specific factors related to the conflict that may affect child survival outcomes.

- Describe the changes made in the DIP from the proposed application, if applicable. If there are

changes in the program description, budget, site, additions or deletions of child survival interventions, please state these changes and describe the rationale for any changes between the Program Description Section in the Cooperative Agreement and those discussed in the DIP.

E. Summary of Baseline and Other Assessments

- Briefly describe the types and methodology of baseline assessments conducted by the project, both qualitative and quantitative. Include baselines of PVO and local partner capacity, if completed. Discuss the sampling technique and interview process of the baseline assessments.

- Summarize the findings of baseline assessments in this section, and/or in other sections of the DIP, as appropriate. Describe any differences between the population proposed in the original application and the population now targeted in this DIP. Include the baseline survey report(s) in an ANNEX to the DIP.

- PVOs are encouraged to include all the **Rapid CATCH** (Core Assessment Tool on Child Health) questions in their population level baseline survey. Even if some of these core questions do not relate specifically to project interventions, they provide information on critical, life-saving household behaviors and care-seeking patterns. This information can be used as follows:
  - To inform the implementing PVO and its local partners (MOH, Mission, NGO, etc.).
  - To provide a basis for comparability between projects within a given country, as well as across countries.
  - For advocacy at both the national and international levels.

- The Rapid CATCH contains 26 questions from the KPC2000+ modules, relates to intended beneficiary-level results of child survival projects, and provides a snapshot of the target population in terms of child health. The Rapid CATCH has an accompanying Tabulation Plan, which lists priority child health indicators and provides instructions on calculating these indicators. The KPC 2000+, which includes the Rapid CATCH, is available on line at http://www.childsurvival.com/kpc2000/kpc2000.cfm.

- This data will be utilized/analyzed by CSTS to examine trends across PVC's portfolio of child survival grants. This information will be essential to ensuring continued support for the program from Congress and within USAID.

  Send the Rapid CATCH data (all records for each indicator) electronically to CSTS (csts@macroint.com) and include a paper copy in an Annex to the DIP with the average value for each indicator.

  Please also submit a diskette with any computerized data for the program area from the Rapid CATCH to DCHA/PVC along with the DIP. If the CATCH questions are not included in the baseline survey, it is suggested that the logic for that decision be stated. DCHA/PVC believes that collecting, analyzing, interpreting, using, and sharing this information has the potential to save the lives of children and mothers.

F. Program Approach

- Describe the broad program approach, including the goal, results-based objectives, and major strategies that will best address the constraints described in the Program Site Analysis Section above. Indicators do not have to be discussed here, but should be included in the M&E section.

- Describe which general approach to integration of interventions will be used as a strategy for the program. If the program strategy includes some aspects of IMCI (i.e. facility based, systems strengthening, and/or household/community IMCI), address these in the program description. Discuss the status of IMCI adoption and implementation in the country and the program area.

- Describe the process undertaken to select and involve relevant in-country organizations in the design and implementation of the program. This section should briefly describe all in-country partners that are collaborating with the program.

- Briefly describe the roles of major partners and how the roles and responsibilities will be maintained**.** Attach in an annex a copy of the jointly developed and signed agreements, which clearly delineate the roles and responsibilities of each partner.

- Discuss the relationship this program will have with other existing, or future health-related activities and/or health facilities in the proposed program area and country/region, including those of the PVO, other PVOs, networks or associations of NGOs, local organizations, private commercial and traditional providers, and the government. For country programs with more than two cycles, describe how the program builds on the PVO's previous in-country experience.

- If opportunities for synergies with another sector program in the same geographic area have been identified and will be further explored, discuss how the programs will work together and benefit from each other.

- Discuss the PVO role in national planning and policy development, if any. Discuss any plans for health policy-related advocacy and activities with coalitions of NGOs that the program plans to undertake.

- Describe the particular challenges that program implementation will face at the international organizational level, country level, and specific project level. Describe plans for addressing these challenges.

G. Organizational Development

This section describes how the PVO will use this grant to strengthen its institutional capacity and its partner's capacity. It should specify the expected areas in which this development will take place, the systems levels that will be built upon, and the level of expertise that each system identified is expected to attain. The organizational development approach should support the overall goal of the program, as well as the sustainability objectives outlined in the next section. The Technical Reference Materials contain information and resources on organizational development and capacity building. Please note that a baseline and a final assessment of the PVO's organizational capacity at headquarters and in-country,

and assistance to local partners to do a baseline and final self-assessment of their organizational capacity is a requirement. If the PVO and/or local partner has conducted an organizational assessment in the two years prior to the award, this may be used as a baseline.

Strengthening the PVO

- Identify specific organizational needs and problems to be addressed by the U.S. PVO. Reference any institutional assessments the organization may have already carried out.
- State the organizational development objectives for increasing the PVO's capacity under this Cooperative Agreement. Describe how the PVO will use this program to strengthen the capacity of the organization - including the level of the organization that will be affected (e.g. health unit at headquarters, the PVO local office staff, other programs of the PVO, the entire organization), and the areas of capacity that will be enhanced. Include the above-identified issues in the discussion.
- Describe any processes used to collect the baseline capacity data upon which these objectives and planned activities are based.
- Explain how lessons learned from this program will be shared with other programs implemented by the PVO – and the international child survival community.
- Describe how the PVO intends to measure and/or document organizational change, and discuss how the current capacity of the PVO will be assessed. In the M&E Matrix, provide indicators for PVO Capacity Development, and information on how the PVO will monitor and evaluate progress towards achieving objectives.

Strengthening the Local Partner(s)

- Describe each partner's current capacity related to its role in the program and achievement of program objectives including available resources (human, material and financial) and managerial capability. Discuss the approach the program will take to build a strong relationship with the local partner(s).
- Identify the local partners whose capacity will be strengthened by program activities and the rationale for choosing these partners. (Note: a program may have multiple partners but choose not to build the capacity in each of those partners).

- Describe the program's objectives and planned activities (including tools to be used) for building the capacity of its local partner(s), with reference to the level of the organization that will be affected and the areas of capacity that will be enhanced. Attach a jointly developed organizational development plan as an annex.

- In the M&E Section, be sure to include specific capacity indicators, and a discussion of how local partner capacity will be monitored and evaluated over the LOP.

- Discuss any constraints to building the capacity of the local partner(s), and how these constraints will affect what can be reasonably achieved over the life of the project.

- Discuss any plans to work with local networks/associations of NGOs/PVOs.

Community Capacity/ Other Community Organizations

- Discuss any objectives and activities targeted to building community capacity or the capacity of community organizations, such as local women's groups, local associations, groups of traditional healers, etc. Describe how the groups' capacity to contribute to results at the household-level will be strengthened.

- Discuss the program's rationale for targeting these specific groups for capacity strengthening.

- In the M&E section, include specific indicators for organizational development.

Training

- Describe the overall training plan for the program. Discuss the topics, content, methods and duration of training; specify who will be trained, number of trainees, who the trainers will be, and the length of training (i.e. 240 CHWs for 10 days, in groups of 24, by 2 trainers plus 1 MOH, 1 PVO and 1 partner trainer). Include training activities in the work plan. Also discuss further the content of training in the Child Survival Interventions below.

- Identify the principal documents used to develop the content of health worker training. Identify the organization(s) that produced the reference, and the year of publication.

- Describe how the program will monitor and evaluate the effectiveness and impact of the training (e.g., performance-based training, on-going supervision, refresher courses, and training follow-up). In the M&E section, be sure to include any indicators of training effectiveness.

H. Sustainability

Some of the discussion points may not be relevant to the program, if so, please indicate this in the DIP with an explanation.

- Define what 'sustainability' means from the perspective of the program and the organizations involved.

- Provide sustainability objectives, and discuss the program's strategy for achieving sustainability. Identify what elements of the program are to be sustained, and how they will be sustained when the USAID-funded program ends – in a broad sense, what the program plans to "leave in place". At a minimum:
  - Explain how the community structures created or reinforced through the program will continue to function.
  - How end-of-project levels of coverage will be maintained, where appropriate.
  - How local decision-making systems will be institutionalized post-project.
  - How increased technical abilities in the local partners and the PVO will be maintained.
  - Describe how the organizational development and training plans support and lead towards

sustainability.
- Discuss how the measurement/monitoring of the program's sustainability, and include the sustainability objects and indicators in the M&E Section.

❑ Explain how the PVO's organizational development approach supports the achievement of the sustainability objectives.

❑ Discuss the PVO's devolution (or phase-out) strategy for transitioning to other funding or transferring activities to a local partner. Specifically:

- Describe the current as well as potential sources of support for the program. Include all types of contributions such as in-kind, other donors, MOH support, and on-going PVO support.

- Describe the recurrent and non-recurrent costs, with reference to how recurrent costs will be determined and maintained after the end of program funding. Discuss how the resource levels are selected.

- Describe any strategies for diversification of funding, cost recovery through the sale of products and user fees, cross subsidies, or accessing an endowment fund.

❑ Discuss the assumptions and constraints (e.g. general health trends, national economic trends, local political factors, and cultural factors) upon which the sustainability strategy is built.

❑ If applicable, address issues of "scaling-up" and "uptake" that are relevant to the project:

- Describe how the PVO or other actors might broaden the benefits of the program to a larger population. Discuss how the program will facilitate or influence the "scale-up" by the PVO, the government or other organizations.
- Describe how innovations introduced in the country or region by the PVO will be shared with other organizations, and how these innovations may be adopted in other geographic or technical areas by the PVO or other organizations. Please be specific, and list these activities in the work plan.

I. Behavior Change Strategies

Please consider the following three essential elements when developing a behavior change strategy for the program. These include formative research to develop data-based planning, identification of key behavior determinants, and multi-level interventions addressing key determinants.

For additional information on these three elements, please refer to the Behavior Change Communication Chapter of the Technical Reference Materials, and the "Review of CS XVI DIPs to Assess PVO Behavior Change Strengths and Needs" written by The CHANGE Project. (Available from the CHANGE Project, AED, 1875 Connecticut Ave, NW; Washington, DC 20009. 202-884-8000)

Formative Research:

- Discuss existing data (literature, previous experience, etc.).
- Discuss identified gaps (research questions).
- Discuss the type of additional formative research planned/undertaken in order to answer the research question(s) consistent with the project hypothesis.
- Identify the tools and research instruments to be used, and the in-depth training for probing and analysis.
- Identify/discuss who will conduct the research.
- Assure that this level of effort is reflected in the budget, human resources, and the work plan.
- Discuss how existing data and "new" data will be used (identification of key behavior determinants).

- ❑ Discuss how the program will:
  - Determine behaviors to change.
  - Determine "influencing factors".
  - Design new "ideal" behaviors.
  - Negotiate the adoption of new "ideal" behaviors by the community.

- ❑ Describe the behavior change model used by the program.

- ❑ Discuss the approach the program used to determine the behavior change strategy.

- ❑ Discuss if/how the program will use multi-level behavior change interventions.

- ❑ Describe the program's approach to behavior change for individuals, families, communities, health service providers, and others, as appropriate. Include the approaches that will be used at the community level (e.g. community health workers, traditional healers and birth attendants, mothers' groups, etc.). A broad strategy should be discussed here and elaborated upon in the Child Survival Interventions Section.

- ❑ Describe the overarching techniques the program will use to affect behavior change (e.g. community health workers)**.** In Section III, more detail on specific behavior change activities is requested.

J. Quality Assurance

- ❑ Identify the dimensions of quality being considered for the program (e.g. technical performance, effectiveness of care, efficiency of service delivery, safety, access, interpersonal relations, continuity of services, physical infrastructure and comfort, and choice).

- ❑ Discuss the level of quality desired (minimum, optimal, or maximum achievable), and the part of the system being addressed (input, process, outcome [output, effect, impact]). This can be explained in detail in the Intervention-Specific Approach Section.

- ❑ Explain how the program will define, measure and improve quality, including how the organization will support these functions (creating an enabling environment, developing policies, improving communication, etc.).

Please refer to the Quality Assurance Section of the Technical Reference Materials for additional information.

SECTION II: PROGRAM MANAGEMENT

The Program Management Section of the DIP provides an overall discussion of how the program will be managed. It describes the management support systems that will be in place to ensure that the program design can be effectively implemented.

A. Management Approach

- Provide an overall discussion of the management structure for this program, at the US headquarters, within the field program, and with partners at all levels. Include the responsibilities of all principle organizations and staff involved, reporting relationships, authority and decision-making processes, and lines of communication within and between each of these organizations. Discuss the style of management as it relates to the local culture and structure. For example, in some cultures, "open management" may not be accepted by a team.

- In an ATTACHMENT, please provide an updated organizational chart that clearly delineates the key personnel responsible for technically backstopping this program in the PVO U.S. headquarters office and managing this program in the in-country office.

- Discuss how the U.S. headquarters will ensure transfer of skills, information, technical assistance/updates, and lessons learned with the field program. Also discuss exchanges between the field and headquarters.

B. Human Resources

- For ALL staff contributing to the goals of the program (including PVO staff [local and headquarters], MOH and NGO health workers, their supervisors, and all other personnel involved in the delivery of program-related child survival services):

    1. List the type and number of health workers (e.g., nurses, community health workers, traditional birth attendants, program coordinator, headquarters' backstop).
    2. Identify their current organizational affiliation (or their recruitment status.).
    3. Identify whether they are paid or volunteer.
    4. List their main duties.
    5. Estimate their time devoted to child survival activities.

- For community health workers, estimate the number of health workers per number of families or beneficiaries.

- Discuss how the program staffing will ensure representation of all segments of the community.

- Discuss how workers will be supervised, by whom, and how competency will be measured and improved – if not previously discussed in the Organizational Development Section.

- Include the resumes/CVs of key PVO headquarters and in-country program staff in an annex, if these have changed from the application. Name the individual(s) from the U.S. PVO responsible for technical backstopping of this program. Discuss backstopping responsibilities, including how many site visits will be made each year, how long, and the monitoring tools that the organization will use.

- Briefly describe the qualifications and experience of key PVO headquarters, country, and program site staff with regard to each of the program's child survival interventions.

- Discuss any foreseeable recruitment issues, such as difficulty in placing expatriate and national staff due to remoteness of program site, etc., and what will be done to overcome this constraint.

C. Contingency and Security Plan

Natural and man-made disasters have affected every cohort of the Child Survival Grants Program for the last few years. Contingency and security planning is particularly important for those programs in countries experiencing conflict and/or those transitioning from complex emergencies to long term, sustainable development. Briefly outline plans to prevent and mitigate the effects of security problems or other emergencies on the organization's staff and property to ensure the security and safety of program personnel.

- Specifically address the potential types of dangers most likely to be faced in the proposed locations and activities.

- Discuss arrangements to ensure the security and safety of program personnel.

- Outline the PVO's security plans for safe sites, a warden system, movement and transport, intra-staff communication, status analysis and evacuation methods.

- Identify the person(s) responsible for leading the development, review and updating of the PVO's security plan. During program implementation, identify the staff positions (key and alternate) that will be responsible for security or crisis management at the project and country levels.

- Describe plans to maintain the continuity of program services should the threats or crises identified occur.

For more information on security issues, please refer to http://www.usaid.gov/hum_response/ofda/files/pvoguide.pdf, page 55.

D. Technical Assistance Plan

- Provide plans for technical assistance for the life of the program to support areas requiring development.

- Identify the planned sources of technical assistance for specific interventions or other

components of the program.

E. Information Management

- Discuss what kind and how information is exchanged between headquarters and the field office, both for program management and technical support/updates (CORE working group info, CSTS Bookmarks, etc). Explain or discuss whether this information is filtered, translated, and disseminated.

- Explain how field offices exchange information between country programs?

- Describe plans for connecting the field office to the Internet, and email or list-serves.

F. Financial Management

- Describe how financial management will be handled under the project. Include how funds will be transferred to the field from headquarters, and who will disburse funds (the PVO or the local partner or both).

- Discuss the roles and responsibilities of project staff vis-à-vis budgeting, monitoring, and reporting on the financial status of the project, to ensure accountability for the use of U.S. Government and matching funds.

- Explain how the program will cost out and track program activities, including costs for labor, equipment, supplies, and facilities. Identify how this information will be used by project staff to build the capacity of the local partners to manage capital vs. recurrent costs (those that are to be sustained after the life of the project), specifically for cross- cutting activities such as behavior change, quality assurance, and others.

G. Logistical Management

- Describe logistical management plans, which includes a brief description of the procurement system, the major child survival supplies required and their sources.

- Describe logistical challenges or foreseeable weak links in the plan. Discuss contingency plans for such items.

H. Monitoring and Evaluation

H. 1. Program Goals and Objectives

- Summarize the program's **goal(s)**, results-based **objective**(s) and major **activities**. These should be the same as already discussed or referenced in the narrative of earlier sections. Include **indicator**(s) for measuring the achievement of each objective. A matrix or other graphic may be used to present the information. If the PVO has

standardized on a particular approach, such as a logical framework or a results framework, please use the organization's preferred format. At the end of these guidelines, we have included examples of matrices for reference.

Attachment A:
1. Sample Matrix of Program Objectives as they relate to Results and Intermediate Results.
2. Worksheet of Activities by Stakeholder Level.

Attachment B:
1. Sample Matrix of Objectives, Indicators and Measurement Methods and Activities.

The graphic should provide the reader with a concise summary of the program, what the program will hold itself accountable to achieve and how the program will measure these outcomes and impact.

H. 2. Program Monitoring and Evaluation Plan

- Describe the program's approach to monitoring and evaluation. For example: Is the PVO or program committed to the use of special tools, or techniques (such as PRA, PLA, other participatory methods, LQAS, ISA, QA, others)?

- Describe the monitoring and evaluation plan for the program, including the type(s) of system(s) (i.e. a census-based system, existing MOH system, periodic sample survey system [e.g. LQAS], other).

- Describe the current information system in the community and how/if the project's HIS will differ. Describe points of overlapping data and how data will be integrated. Discuss how facility-based data will be combined with community-based data.

- Describe the monitoring tools which will be used, the tools developed by the project (if any), who will develop the tools, and who will field test the tools and produce them.

- Describe how the data will be collected by including the following descriptions:

    1. Sources of data (e.g. facility-based records, household surveys, rosters, etc.)
    2. Process to determine the population denominator and how eligible women, children and newborns will enter and participate in the program.
    3. Frequency of data collection.
    4. Data collectors: specify who will be the front-line data collectors, the ratio of data collectors to households and the estimated number of hours per week spent collecting data.
    5. Indicate how program staff (including that of PVO and partners) and beneficiaries will participate in data collection.

- Describe how the data collection process will be supervised to ensure data quality.

- Describe how and by whom data will be analyzed and used to monitor program progress, improve program processes, and improve program performance. Describe how the results will

be shared and used with the stakeholders and partners (e.g. district level health officials, MOH authorities, PVO home office and the larger PVO community). Specify how results may be used for advocacy in country or internationally. Discuss how the community/beneficiaries will use the data and benefit from it.

- Describe the data management system for the program. Explain what data (if any) will be computerized, what data will be paper-based, and what assistance will the program require.

- For programs that strengthen health worker performance, describe the methods that will be **used to monitor and improve the performance of health workers** and the quality and coverage of intervention activities (including those carried out in cooperation with other organizations). Discuss the project's plans for on-going assessments of essential knowledge, skills, practices, and supplies/drugs/equipment of health workers and facilities associated with the project, and use of findings to improve the quality of services.

- Describe **the tools to be used by the project to promote quality of service** (such as: guidelines, training curricula and manuals, protocols, algorithms, performance standards, and supervisory checklists, etc.). Briefly describe how these tools will be used to assess and improve performance.

- Describe how M&E skills of local staff and partners will be assessed and strengthened.

- Describe what aspects of the M&E system may be sustained by the community after the project is completed.

- Discuss operations research ideas that will be carried out during the program.

H. 3. Evaluation Plan:

- Propose a plan for the program mid-term and final evaluations. Once the plan is approved with the DIP, this will be the program's evaluation plan.

    1. Review the DCHA/PVC Mid-term and Final Evaluation Guidelines (available online at http://www.usaid.gov/hum_response/pvc/child.html) and suggest any additions/ modifications to the guidelines that would result in a more accurate evaluation of this program. If changes are proposed, they should be summarized in this section and attached with the revised guidelines in an annex.

    2. Propose the optimal month in which to carry out the evaluations, taking into account conditions in country (e.g. seasons, local/religious holidays) and the program timeline.

I. Budget (<u>Only</u> if changed from the Cooperative Agreement)

- If there have been changes to the program's site, location, selection of interventions, number of beneficiaries, international training costs, international travel, indirect cost elements, or the procurement plan that have budget implications, include a revised budget with the DIP. The revised budget is to be submitted on revised Forms 424 and 424A with supporting information on all cost changes.

- If there have been no changes, please state this, and do NOT submit a revised budget.

J. Work plan

- Complete a work plan for the life of the program. Provide a detailed plan for the first two (2) years of the program, and a broad-stroke work plan for the remaining three (3) years. This is a work plan for the PVO and local partners to use throughout the LOP, so please make it a realistic document for use by program staff.

- Describe the role of the partners in developing the work plan.

- Discuss how the program will use the work plan during program implementation.

- Include a calendar of major activities, annual benchmarks toward results/achievements, and indicate responsibilities among field, headquarters, and partner(s) personnel. Be sure to include all training activities in the work plan.

- Delineate those activities/interventions or sites that will be phased-in or phased-out.

SECTION III: DETAILED PLANS BY INTERVENTION

Include a **separate section for each USAID-funded child survival intervention** that the program will implement or support. Please address the issues in the intervention-specific sections of this guide (refer to the Child Survival Checklist and the Technical Reference Materials (TRMs) for more detailed technical guidelines), which include:

Immunization
Nutrition and Micronutrients
Breastfeeding Promotion
Control of Diarrheal Disease
Pneumonia Case Management
Control of Malaria
Maternal and Newborn Care
Child Spacing
STI/HIV/AIDS Prevention and Care

Integrated Child Survival Programs and IMCI *

- ❑ For each intervention address generic areas below. Use the TRMs as a reference guide for specifics per intervention.

- ❑ If an issue for a particular intervention is not relevant to the program, explain why.

- ❑ If the program has not yet obtained sufficient information to answer a question, indicate plans to obtain this information.

- ❑ Discuss any operations research activities the project will undertake.

- **For IMCI only**, use the intervention specific guidelines rather than the generic questions.

For each intervention address the following issues as they apply:

1. Current Status/Coverage/Prevalence

- ❑ Give the most up-to-date coverage estimates in the service area relevant to the intervention. Use intervention specific statistics (e.g. include DPT drop-out rate for EPI).
- ❑ Identify the source and year of these estimates.
- ❑ Compare the data with the most recent data available for the district, or with national coverage levels.
- ❑ Describe the seasonality of intervention-related morbidity and mortality in the program area.
- ❑ Provide the most recent disease surveillance data available for the program area, and discuss the likelihood of complete reporting.
- ❑ Describe any outbreaks of diseases that occurred in or near the program area within the last two years.
- ❑ Estimate the percentage of the target population that currently has adequate access to treatment, or identify those areas/groups that do not have adequate access.
- ❑ Discuss travel time, costs, and other constraining factors that influence access.
- ❑ Define the level of access that is necessary for caretakers to promptly seek and use case management services.

2. Cause, Current Beliefs, Knowledge and Practices and Care-Seeking Behavior

- ❑ Discuss immediate and underlying causes that are important factors to this health problem.
- ❑ Describe current knowledge and practices of mothers and families and other influences.
- ❑ Describe reasons for the practices discussed above, including cultural beliefs of mothers and other family members.
- ❑ Discuss the current attitudes and beliefs of program staff regarding this child survival intervention.
- ❑ List the local words used for severe and non-severe illness that may influence decisions in treatment seeking behavior.
- ❑ If applicable, describe the knowledge and practices of caregivers on illness prevention.
- ❑ Discuss how the illness is managed in the home, including traditional practices for the treatment of episodes.

- Describe care-seeking behavior, such as whether signs of the illness are recognized and considered important enough to seek care; who decides if care should be sought; where caregivers take their children when they suspect illness (to a health facility; a registered pharmacy, a community health worker, or a private clinician, drug seller, or traditional healer).
- Discuss any gender differences for care seeking and care giving behaviors.
- List the most important social, economic, and/or cultural barriers to the management and prevention of this illness in the target area.

3. MOH Policies/Strategies and/or Case Management Policies/Current Services

- Describe the MOH strategy on standard treatment guidelines, and or/protocols and policies relevant to the intervention.
- Describe the MOH policies related to the overlapping presentation of diseases (i.e. malaria and pneumonia).
- Attach any pertinent schedules, protocols, or national standards.
- Include details on any MOH policies that differ from WHO/UNICEF guidelines, and explain why they differ (i.e. new vaccines such as Hep B or Hib).
- If the program protocol is different from MOH policy, describe the differences and if the protocol is acceptable to the MOH.
- If the program plans to influence MOH policy, describe how it will be done.
- Include any additional information on current services in the program area that are relevant to the work, but not described under the Program Site Information Section, including in-patient and out-patient care.
- Discuss the overall quality of existing services including client-patient interaction, standard case management, and availability of drugs.
- Discuss the types of providers (such as doctors, nurses, other paid health workers, volunteers, drug sellers, traditional healers, etc) who are allowed to administer antibiotics.
- Discuss ARI (or IMCI) training programs and materials that are available for these types of health workers.
- Describe the training and supervision to be given to providers.
- Describe the case management knowledge and practices of current providers in the program area. Include health workers ability to distinguish between the types of illnesses and their severity.

4. Intervention-Specific Approach (cross-reference with Program Approach Section)

In this Intervention-Specific Program Approach Section of the DIP describe in detail the approach to the intervention. Reference other sections of the DIP.

- State the target group for the intervention.
- Describe in detail the intervention approach. Include what will be done, who will do it and how it will be done. Include activities at all levels (e.g. individual, family, community, facility, district and national).
- Describe how the program will coordinate the particular interventions with existing activities

in the area and with other MCH activities (such as immunization, maternal care, IMCI).

- Describe what (if anything) the program will do to increase the level of access. Relate this to the earlier discussion of the current level of access.
- Describe the program's protocol for case management at all levels (if different from the MOH).
- Describe plans for improving and monitoring case management practices of each type of health provider associated with the program, including plans for training and supervision.
- Describe which training curriculum/materials will be used (PVO-designed, or that of another agency or MOH).
- Describe how the program will relate to referral facilities to improve the quality of services.
- Describe the access to treatment for severe cases at health facilities, and plans to insure referral of severe cases by health workers. Describe how workers will determine the feasibility of referrals, determine whether families will promptly seek care from a referral facility, and what to do when referral is not feasible.
- Briefly describe or attach the program's protocol for follow-up of cases under treatment. Discuss the counter-referral system and how it will operate.
- Describe strategies that will be used, if any, to improve the practices of drug retailers and traditional healers. Include how the program will ensure that shops sell appropriate drugs, proper dosages, and full courses of treatment.
- Describe the pattern of drug resistance in the program area and whether alternate drugs are available and affordable.
- How will successful treatment be determined? Define a treatment failure, and how it will be managed.
- Discuss if the program will teach caretakers how to treat a particular illness with over-the-counter drugs or train storekeepers in treatment (i.e. malaria).

5. Behavior Change Communication

- Describe how the program will use information regarding local beliefs, practices, and vocabulary related to illness recognition and care seeking.
- Describe how information from the research will be used to contribute to the change of practices and behaviors.
- For each desired health outcome, describe the following:
  - Who the target audience is.
  - What behavior they will be asked to carry out.
  - Major factors that influence the behavior.
  - Activities that will be carried out to facilitate the behavior at each level from policy to community and individual.

Please see the TRM section on Behavior Change for an example of the above.

6. Quality Assurance

- Provide examples of how Quality Assurance (QA) methods will be applied for each intervention.

7. Availability of Drugs, Vaccines, Micronutrients, Equipment, etc…

- What commodities are essential to the success of the intervention?
- Discuss how reliable the supply of essential commodities is now and how the supply will be ensured during the life of the program, including the source from which the program will obtain supplies (such as antibiotics, vaccines, or micronutrients, etc.).
- Discuss likely constraints to the success of "supply" activities and approaches to overcome these constraints.
- Discuss how the supply will be sustained after the end of the program.
- Describe how the quality of supplies will be monitored (e.g. cold chain maintenance).
- Discuss how the program will ensure safety (i.e. disposal of syringes and sharps, misuse of antibiotics, safe use of insecticides for re-dipping nets).

8. New, Innovative Activities or Strategies

- Describe any new or innovative approaches, activities or strategies to increase coverage, reach the under-served populations, involve the community to increase coverage, or improve health status, that may be applicable on a wider scale or beneficial in other areas or programs.
- Discuss how any such innovations will be used across the PVOs other programs, or disseminated to the wider child survival community.
- Discuss activities that are new approaches for the organization.

9. Other

- See the following **additional** intervention-related specific issues that need to be addressed to supplement the information requested above.

IMMUNIZATION

Vitamin A (optional)
If the program incorporates vitamin A into the immunization program, describe the current situation in the program area and the proposed approach to incorporate vitamin A supplementation into the immunization program.

Involvement in Polio Eradication Efforts (optional)
Describe any involvement of the program in national or district polio eradication efforts, or in national immunization days.

Six Plus (optional)
If plan to introduce additional immunizations to the standard six, describe how they will be promoted and included in the program.

Surveillance (optional)
If the program will participate in disease surveillance activities, identify the diseases that will be under surveillance. Describe the process for identifying, reporting, and following-up suspected cases.

NUTRITION AND MICRONUTRIENTS

Respond only to the components included in the program.

Breastfeeding
- If the program will promote LAM, describe how it will be integrated into other modern birth spacing activities.

Maternal Nutrition
- If there are plans to promote dietary intake, describe the methods to increase consumption among pregnant women and how it will be monitored.
- If there are plans to provide micro-nutrients or anti-helminthics to pregnant women, describe the dosage to be provided.

Other
- If the PVO or another organization will provide supplementary foods (other than micronutrients) as a complement to the child survival activities, identify the food source, describe the activities planned, and explain how the child survival program will relate to the food aid program.
- If the Hearth approach to nutrition will be used, describe the implementation process.
- If home gardens will be promoted as part of the nutrition activities, describe the activities, the purpose of these activities, the foods that will be grown, the educational techniques the program will use, and PVO inputs for gardening supplies and agricultural expertise.
  State which family members will be involved in the activity, and what are possible family time and resource constraints to participation.

CONTROL OF DIARRHEAL DISEASE

- In the MOH practices section, be sure to include protocols for the management of acute watery diarrhea, dysentery and persistent diarrhea in children, recommended home fluids, and any policy on the use of vitamin A for children with diarrhea.
- Include a brief description of current water supply and sanitation activities in the program area (construction of water supply or waste disposal systems are beyond the scope of the CSGP, but may be funded by the PVO match monies).

PNEUMONIA CASE MANAGEMENT

- For programs with data available, state the rate of treatment for childhood pneumonia in the target area over the last year. (Number of episodes of pneumonia or severe pneumonia treated with antibiotics by health providers with whom the program is working, per newborn, infants and children.) Refer to KPC data to verify the estimation.
- If applicable, describe how each type of health provider will address the overlap in the signs of malaria and pneumonia. Detail drug guidelines, with reference to which drugs will be used for children with pneumonia who also have a fever, and for children without pneumonia who have a fever.

CONTROL OF MALARIA

PVOs implementing a malaria intervention may include any or all approaches to malaria control (malaria case management, antenatal prevention and treatment, and insecticide-treated bed nets) in their programs.

Antenatal Prevention and Treatment
Include the status of malaria in pregnancy in the program area:
- Based on information from local hospitals, antenatal clinics, or from community surveys, describe the proportion of pregnant woman infected with malaria, the proportion that are anemic, and how common complications of malaria are in pregnancy.
- Describe the current MOH policy on antenatal treatment and prophylaxis (i.e. malaria).

Insecticide-Treated Bed Nets
Demand and appropriate use
- Describe what is known about current use of untreated nets, including the proportion of houses with nets, who in the household uses nets, and seasonal patterns of net usage. Describe what is known about acceptability of insecticide treatment and re-treatment of nets.
- Discuss how the bed net program will reach children under five years of age.

Access and affordability
- Describe the planned purchase, distribution, and re-treatment of bednets. Include insecticide, dosage, and frequency of re-treatment.
- Discuss local institutions that will be involved in implementing and sustaining the intervention.
- Describe how the safe use of insecticides for re-treatment will be ensured.

MATERNAL AND NEWBORN CARE

Current Services

- Describe the birth attendants in the program area and approximately how many births per year are attended by each type: skilled provider (nurse, midwife, or physician); trained traditional birth attendant; untrained traditional birth attendant; husband or other family member; self or other (specify). State the percentage of births in the home.
- Describe the current EOC capability.

Program Approach

- Describe the components of the training program for obstetric first aid.
- Describe the materials (e.g. TBA kit) personnel will receive.
- Describe how the birth attendant will handle a complication or emergency.
- Describe how, when and by whom the program will identify and address post-partum problems.
- Describe the training for post-partum and newborn care in the first day, forty-eight hours, first week and first month that the birth attendant or community health worker will be trained to provide.
- Describe the transportation system to a BEOC and how the program will address it.

CHILD SPACING

Approach

Describe how the following family planning activities will be implemented by the program:

(a) *Client identification* - identifying men and women who desire family planning services. Describe who will do the identification, how they will be trained, and what will be the next step for the couple, once identified.

(b) *Commodity Management* - distributing family planning commodities. Describe what commodities will be made available, how they will be distributed, at what cost they will be made available to users, how the procurement of the contraceptives by the couple will be guaranteed over time, and how a constant supply of family planning commodities will be maintained.

c) *Linkages* - describe how child spacing activities will be linked to government family planning policies and programs, and other non-governmental groups providing FP services and; to pre- and post-natal services.

STI/HIV/AIDS PREVENTION

- Describe the key factors that facilitate, or could facilitate, the spread of HIV infection.
- Describe any programs and/or policies that address mother to child transmission of HIV.
- If negative community perceptions are anticipated, describe strategic plans for de-stigmatization strategic plan(s).

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

1. MOH strategies, activities, and training materials

Please describe in detail, or attach, the IMCI strategy of the MOH. Include:

- the elements of the case management/health facility staff skills component of IMCI (case management for diarrhea, ARI, malaria, etc.) which are a part of the national strategy.
- the protocols, specifically for sick newborns.
- the elements of the health systems strengthening component
- the family and community practices component, which are a part of the MOH IMCI strategy.

Describe at what stage in the process of adaptation and implementation of IMCI is the MOH's national IMCI effort. Include:

- IMCI-related activities that have been conducted in the child survival program site to date (including staff training).
- the MOH schedule for IMCI implementation in the program site over the next three years.
- the supervisory support systems.
- the IMCI training and other materials that the MOH is using for each component of IMCI.

2. Role of the child survival program in IMCI

Please describe in detail the role of the child survival program in IMCI, and the relationship between the program and MOH IMCI activities in the program area. Include:

- elements of the case management/health facility staff skills component of IMCI (case management for diarrhea, ARI, malaria, etc.) which the child survival program will support.
- elements of the health systems strengthening component, and of the family and community practices component, which the child survival program will be involved with.
- the process of defining and introducing "community IMCI" in the project area.
- the agreement between the PVO/child survival program and the MOH/district health office in terms of the roles and responsibilities of the program with regard to IMCI.

3. Specific components of the child survival program's IMCI strategy

For each component of IMCI that the child survival program will implement or support, please address the issues from the relevant sections of these guidelines. (e.g. if the IMCI strategy includes ARI, please address issues in the "Pneumonia Case Management" section of this document in the DIP, and do the same with regard to diarrhea/CDD, malaria case management, insecticide treated bednets, etc.).

If the IMCI strategy includes any component that is not covered in these guidelines within the strategy, describe plans for implementation.

SECTION IV: GUIDELINES TO ANNEXES

1. Response to Final Evaluation Recommendations (if applicable): If this is a DIP for a cost extension, and a final evaluation has been completed, describe how the program is addressing each of the recommendations made in the final evaluation. Reference the section of the DIP that addresses each recommendation.

2. Report of baseline assessments: Include a description of the methods employed, and copies of questionnaires and other tools used during the baseline assessment.

3. Agreements: Memorandums of Understanding, agreements, or Terms of References signed with other organizations.

4. Resumes/CVs of key personnel at HQ and in the field (if different from application).

5. Proposed Guidelines for Mid-term and Final Evaluations: To make changes to the DCHA/PVC guidelines to evaluate the specific program, outline the changes in the monitoring and evaluation section of the DIP and attach the modified guidelines in this Annex.

6. Response to Application Debriefing: Discuss the weaknesses identified in the debriefing package summary scoresheet and external reviewer comments, and how they will be addressed in the program. Attach a copy of the summary score sheet **and** the external reviewer comments in this Annex.

7. Other Annexes (as necessary)
   Maps
   Treatment protocols
   A print out of the CATCH summary data

ATTACHMENT A

1. Sample Matrix of Goal, Results, Intermediate Results, and Selected Program Objectives

GOAL:
Sustained reduction in under-five and maternal mortality

Result 1	**Result 2**	**Result 3**
Increased **use of key health services** and **practices at the family level**	Improved **capacity** of District health services to support local women health workers	**Sustained delivery** of selected CS services by local level health workers
Indicators: • Episodes of ……treated per child per year though all facilities • % increase in CHW contacts for …….	• % trained CHWs have adequate stocks of …… • % facilities submit quarterly reports of CHWs correctly • % health posts with …. Supplies • % facilities submit logistics management correctly	• # of episodes of …… treated per child per year through CHWs remains stable • # of CHW contacts for …… remains stable

Intermediate Result 1	**Intermediate Result 2**	**Intermediate Result 3**
Increased **availability** of selected maternal and child survival services	Improved **quality** of health services	Increased **caretaker knowledge and practice** of selected M/C survival issues
Indicators: • Case management available through CHW trained in…..	• % trained CHWs correctly assess, treat and counsel for …. • % trained CHWs competent in….. • Improved quality of services from community perspectives	% of caretaker knowledge of: • signs of illness • care seeking referral • rules of home care

2. Sample Worksheet of Activities by Stakeholder Levels:

List the activities that will be implemented by the various levels for each Result and intermediate result.

GOAL:
Sustained reduction in U5 & maternal mortality

Illustrative Levels:	**R- 1** Increased **use of key health services** and **practice at family level**	**R-2** Improved **capacity** of District health services to support local women health workers	**R- 3** **Sustained delivery** of selected CS services by CHWs
HOUSEHOLD			
COMMUNITY			
Health Facility			
District MOH			
Regional MOH			
National MOH			

ATTACHMENT B

1. SAMPLE MATRIX: *See TRMs under Monitoring and Evaluation for definitions.*

Program GOAL:_____

Objectives	Indicators	Measurement Method	Major Activities
Objective #1	Indicator Indicator Indicator	Measurement method	Activity Activity Activity
Objective #2	Indicator Indicator Indicator	Measurement method	Activity Activity Activity
Objective #3	Indicator Indicator Indicator	Measurement method	Activity Activity Activity
Objective #4	Indicator Indicator Indicator	Measurement method	Activity Activity Activity

Include specific **management objectives,** which support the **CS technical objectives:**
These include objectives and indicators for:
1) Capacity-building 2) Training Effectiveness 3) Sustainability

- ***NOTE***: Try to keep objectives comparable to internationally accepted ones. See the Technical Reference Materials for sources on recognized indicators.